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OFFICIAL

FACSIMILE TRANSMITTAL SHEET

DATE: August 17, 2004

TO: Examiner Tekchand Saidha

COMPANY: U.S.P.T.O

FAX NO.: 703-872-9306

TEL NO.: 571-272-0940

FROM: Soonja Bae

RE: A copy of the signed transmitter with respect to U.S. Patent
Application No. 10/603,260

Total Number of Pages Sent : 2
(INCLUDING THIS COVER SHEET)

COMMENTS:

Dear Examiner Saidha:
Attached is a copy of the signed transmitter sent to you on August 13, 2004 with respect to the U.S. Patent Application No. 10/603,260.
If you have any questions on this matter, Please contact us.
Sincerely,

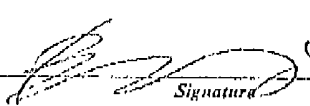
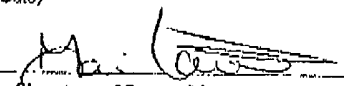
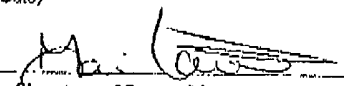
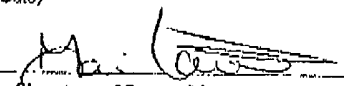
Soonja Bae

If there are any problems with this transmission, please call (860) 286-2929 Ext. 1116 and ask for Soonja Bae.

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AUG 17 2004

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YPL-0058									
Applicant(s): Ghee Hong JIN, et al.														
Application No. 10/603,260	Filing Date 6-24-2004	Examiner Saidha, Tekchand	Customer No. 23413	Group Art Unit 1652	Confirmation No. 6327									
Invention: ALKALINE LIPASE FROM VIBRIO METSCHNIKOVII RH530 N-4-8 AND NUCLEOTIDE SEQUENCE ENCODING THE SAME														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00									
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: August 13, 2004											
Soonja Bae Reg. No. (PLEASE SEE ATTACHED) Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 PTO Customer No. 23413 Telephone: (860) 286-2929 Fax: (860) 286-0115			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 8-13-2004</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">  Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Tammie Lanthier Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 8-13-2004		(Date)		 Signature of Person Mailing Correspondence		Tammie Lanthier Typed or Printed Name of Person Mailing Correspondence	
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